TANK 206-207-212

ω0. #47770 Sac

| A         | UNIFORM HAZARDOUS  1. Generator  |                                       | ID No.                                | Manifest        | 2. Page        | 1 Informa  | tion in th  | ne shaded ar sas |  |  |  |
|-----------|--|---------------------------------------|---------------------------------------|-----------------|----------------|--|-------------|------------------|--|--|--|
| 4         | ONIT OTHER TAKENDOOD   |                                       |                                       | cument No.      | of             | is not law.  | require     | d by Federal     |  |  |  |
| <br>- 16- | 3. Generator's Name and Mailing Address  | 1                                     | · · · · · · · · · · · · · · · · · · · |                 |                | e-Menifest P   |             | t Number         |  |  |  |
|           | Douglas  | 843512Ub<br>B.State Generator's ID    |                                       |                 |                |  |             |                  |  |  |  |
|           | 190th 8  |                                       |                                       |                 |                |  |             |                  |  |  |  |
|           | 4. Generator's Phone ( 213 ) 5310FF39ce, CA 90502  |                                       |                                       |                 |                | C.State Transporter's ID 556HT                             |             |                  |  |  |  |
|           | 5. Transporter 1 Company Name  | 6.                                    | US EPA ID Nu                          |                 | C.Stat         | e Transporter  | s ID *      | <u>556НВ — .</u> |  |  |  |
|           | J.C. Liquid Waste Disposal 7. Transporter 2 Company Name   | CA                                    | DOS ON T                              |                 | U.Tran         | sporter's Pho  | ne<br>-213- | 268-3137         |  |  |  |
|           | 7. Transporter 2 Company Name  | 0.                                    | US EPA ID Number                      |                 |                | E. State Transporter's 153-268-3137 F. Transporter's Phone |             |                  |  |  |  |
| Ш         | 9. Designated Facility Name and Site Address   |                                       | e Facility's II                       |                 |                |  |             |                  |  |  |  |
| П         | Casmalia   |                                       |                                       |                 |                | ( 4 10 2 0 7 4 8 1 3 5 )<br>H.Facility's Phone             |             |                  |  |  |  |
|           | P.O. Box E NTU. Road   |                                       | ******                                |                 |                |  |             |                  |  |  |  |
| П         | Casmalia, CA 93429   | e a n                                 |                                       |                 |                |  |             |                  |  |  |  |
| П         | 11. US DOT Description (Including Proper Shipping Name,  | Hazard C                              | lass and ID Numb                      | 12.Conta        | iners          | 13.<br>Total   | 14.<br>Unit | <b>l.</b>        |  |  |  |
| G         | The second of th | , 1102010 C                           | ioss, and io Name                     | No.             | Туре           | Quantity   | Wt/Val      | Waste No.        |  |  |  |
| E         | a. Waste Sodium Hydroxide solution -   | Common                                | i va                                  |                 |                |  |             |                  |  |  |  |
| E         |  | 4011.02                               | UN1824                                | 001             | 77             | 04500  | 6           | 121              |  |  |  |
| R         | <b>b.</b>  |                                       | VII.106-7                             |                 |                | 04900  | <u> </u>    | 161              |  |  |  |
| T         |  |                                       |                                       |                 |                |  |             |                  |  |  |  |
| R         |  |                                       | ¥, ·                                  |                 |                |  |             |                  |  |  |  |
| П         | C  |                                       |                                       | 100 000 000 000 |                |  |             |                  |  |  |  |
|           |  | 3                                     |                                       |                 |                |  |             |                  |  |  |  |
| П         |  |                                       | <u>·</u>                              | · ·             |                |  |             |                  |  |  |  |
|           | <b>d.</b> ,  |                                       |                                       |                 |                |  |             |                  |  |  |  |
|           |  | 1                                     | · J                                   |                 |                | *, ** .  |             |                  |  |  |  |
|           | J. Additional Descriptions for Materials Listed Above  | - A                                   |                                       |                 | K Hon          | dling Codes fo   | Westes      | Listed Ahove     |  |  |  |
| 1         | **   |                                       |                                       |                 |                |  | , , , , , , |                  |  |  |  |
|           | Softwa Rustinate 65 45   |                                       |                                       |                 |                |  | $r T_D$     |                  |  |  |  |
|           | Suffer of Av   |                                       |                                       |                 |                | 01   | 1/14        |                  |  |  |  |
|           | Vitor on an  |                                       | and the late of the same              |                 |                | No. 10. The second   |             |                  |  |  |  |
|           | 15. Special Handling Instructions and Additional Inform  | nation                                |                                       |                 |                |  |             |                  |  |  |  |
|           | Hea alouas assults was to be   | Marian and the second                 | #60                                   |                 |                |  |             |                  |  |  |  |
| Ť         | Use gloves, goggles, respirator - !  | may cat                               | ise severe t                          | ourns to        | skin           | à eyes.  | :           |                  |  |  |  |
|           |  |                                       |                                       |                 |                |  |             |                  |  |  |  |
|           | 16. GENERATOR'S CERTIFICATION: I hereby declare the  | et the cont                           | note of this consider                 | mont are full   | v and a        | ourataly daga  | ibad        |                  |  |  |  |
|           | above by proper shipping name and are classified, packe  | d, marked,                            | , and labeled, and a                  | re in all resp  | ects in p      |  |             |                  |  |  |  |
| $\  \ $   | transport by highway according to applicable internation   | nal and na                            | tional government                     | al regulation   | s.             |  | ٠. ا        | Date             |  |  |  |
|           | Printed/Typed Name   |                                       | Signature //                          | MAN             |                | 2  |             | Month Day Year   |  |  |  |
|           | Donald C. Gerber   | gh                                    | Carl                                  | UTIO            | ske            |  | -           | 01102185         |  |  |  |
|           | 17. Transporter 1 Acknowledgement of Receipt of Mat  | terials                               |                                       | 7               | *·             |  |             | Date             |  |  |  |
|           | Printed/Typed Name   | 5                                     | Signature                             |                 |                | 1  |             | Nonth Day Year   |  |  |  |
| 3         | Jon Stormo on A  |                                       | In Stan                               |                 |                | · ·  |             | ा विश्वीष्टर     |  |  |  |
| 2         | <ol> <li>Transporter 2 Acknowledgement or Receipt of Mar<br/>Printed/Typed Name</li> </ol>   | , , , , , , , , , , , , , , , , , , , | /*                                    |                 | <del>\</del>   | <u> </u>   |             | Date Voor        |  |  |  |
|           | Printed/Typed Name   |                                       | Signature                             | M               | SAL            |  |             | Month Day Year   |  |  |  |
| 4         | 19. Discrepancy Indication Space   |                                       |                                       |                 |                | ***  | 13          | 1077             |  |  |  |
|           |  | general d                             |                                       |                 |                |  |             |                  |  |  |  |
|           |  | **                                    |                                       | , ·             |                |  |             |                  |  |  |  |
|           |  |                                       |                                       |                 | other Parks or | SCAN   |             | <u> </u>         |  |  |  |
|           | 20. Facility Owner or Operator: Certification of receipt of Item 19.   | hazardou                              | materials covere                      | ed by this ma   | nifest         | except as note   | ed in       |                  |  |  |  |
| 1         | 2010/19-200  | x in the                              | Signatura                             |                 |                |  |             | Date             |  |  |  |
|           | Printed/Typed Name   |                                       | Signature                             | · 1             | /)//           | 1. 17  | · 1.        | Month Day Year   |  |  |  |
| .         | CASMALIA RESOURCES   | ,                                     | Alice (4                              | RICST           | 1 //e          | Co. LANI   | 10          | 0 M04X5          |  |  |  |



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Papartment of Health Services

2/721-50 oylic Subtrances Control Division
Sacramento, California

| م اد             | se print or type. (Form designed for use on elite  | TANK 206-2  | 07-212   | (UO) #  | ムフ          | 770                          | Sacrar                     | mento, Cali                           | ifornia   |
|------------------|--|---|--|---|-------------|------------------------------|----------------------------|---------------------------------------|-----------|
| Ā                | UNIFORM HAZARDOUS WASTE MANIFEST   | 1. Generator's  | US EPA ID No. M  | anifest<br>ment No.   | 2.Pag       | e 1 Inform<br>is not<br>law. | ation in the s<br>required | shaded are<br>by Fede                 | as<br>rai |
|                  | 3. Generator's Name and Mailing Address 4. Generator's Phone ( ***********************************   | A State Manifest Document Number 84331208  B. State Generator's ID  |  |   |             |                              |                            |                                       |           |
|                  | 4. Generator's Phone ( ) 3 3 0 5 5 7 5 5 5 5 5 6 5 7 5 6 5 7 5 6 6 7 5 6 6 7 5 |   | 6. US EPA ID Numb  | C.State Transporter's ID SCH 6 D.Transporter's Phone E.State Transporter's 223-268-3137 F.Transporter's Phone |             |                              |                            |                                       |           |
|                  | 9. Designated Facility Name and Site A  Casmalfa  P.O. Box E NTU. Road  Casmalfa, CA 93429   | ddress  | IO. US EPA ID Numb   |   | H.Faci      | e Facility's I               | -                          | n e ne                                |           |
|                  | 11. US DOT Description (Including Proper S   | Chipping Name, H  | azard Class, and ID Number,                                      | 12 Conta<br>No.   | Type        | 13.<br>Total<br>Quantity     | 14.<br>Unit<br>Wt/Vol      | l.<br>Waste No                        | D.        |
| E<br>N<br>E<br>R | a. Waste Sodium Hydroxide so   | lution - Co   | erros i ve<br>UN1824   | 001   | **          | 04500                        | G                          | <b>W</b> 1                            |           |
| A<br>T<br>O<br>R | <b>b.</b>  |   |  |   |             |                              | 70                         |                                       |           |
|                  | С.   |   |  |   |             |                              |                            |                                       |           |
|                  | <b>d.</b>  |   |  |   |             |                              |                            |                                       |           |
|                  | J. Additional Descriptions for Materials Soffma flydroctide 85 Soffma Alterinate 65 Sulfare 65 Victor 15. Special Handling Instructions and Ad   | 65<br>W<br>40<br>40   |  |   | K, Han      | dling Codes fo               | or Wastes Li               | sted Abovi                            | •         |
|                  | Use glaves, goggles, respi   | rator - Ma<br>eby declare that the description of the declare that the description of the declared of the declare | #60  y cause severe but  he contents of this consignment and are | ent ere full<br>in ell resp   | y and ac    | ccurately desc               |                            | · · · · · · · · · · · · · · · · · · · |           |
| 1                | Printed/Typed Name   |   | Signature  | 72X   |             |                              |                            | Date                                  |           |
|                  | 17. Transporter 1 Acknowledgement of R Printed/Typed Name  | eceipt of Materi  | Signature  |   | <del></del> |                              | Moi                        | Date                                  | Year      |
|                  | 18. Transporter 2 Acknowledgement or R Printed/Typed Name  | eceipt of Mater   | Signature  |   |             |                              | Moi                        | Date<br>oth Day                       | Year      |
|                  | 19. Discrepancy Indication Space   |   |  |   |             |                              |                            |                                       |           |
|                  | 20. Facility Owner or Operator: Certification Item 19.   | n of receipt of ha  |  | by this ma  | ınifest     | except as not                |                            | Date                                  |           |
|                  | Printed/Typed Name   |   | Signature  | *.  |             |                              | Moi                        | nth Day                               | Year      |

SCANNED